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f - Tobacco Primary

SMOKING AND HEALTH

CLAIMS AND RESPONSES

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AUGUST, 1989

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CLAIMS/RESPONSES

CLAIM: The statistical evidence against smoking is so strong that no doubt remains about its harmful effect on health.

RESPONSE: One thing that can be said for certain about smoking is that it produces statistics. But, as has been repeatedly emphasized, statistics can be manipulated to "prove" just about anything. However, statistical associations cannot prove cause-and-effect relationships; they simply provide leads for further research.[1]

Further, the statistical studies on smoking and health have been challenged scientifically. Many of the population studies from which those statistical associations are reported have been found to be seriously flawed in their methodology and reliability of information. Many have relied on death certificates for information on causes of death, but death certificates have been shown in many studies to contain inaccurate information. For example, an individual diagnosed as having lung cancer may actually be found at autopsy to have had a primary cancer in another site of the body that metastasized or spread to the lung.[2]

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Furthermore, many such studies have failed to take into account numerous other variables that have been associated with disease in addition to smoking, such as lifestyle, genetics and inherited traits, occupational and environmental exposures, and psychological variables.[3]

Moreover, the reported "epidemic" of deaths attributed to smoking may be in part artifactual and misleading. Because diagnostic techniques have greatly improved over the last 50 years with the development of such tools as the x-ray and the bronchoscopy, many cases of diseases such as lung cancer are diagnosed today which were either missed or misdiagnosed earlier.[4] Thus, the "epidemic" may reflect dramatic medical progress. As the world's population grows in size, life expectancy has generally increased markedly. This is significant because many diseases associated with smoking are also frequently diseases of old age.

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CLAIM: Smoking causes lung cancer.

RESPONSE: Despite claims to the contrary, science has not determined the mechanism by which a normal lung cell becomes cancerous.[1] Without this scientific understanding, the frequently heard claim that smoking causes lung cancer must be viewed as just that, a claim or conjecture--not an established fact.

There is a statistical association between smoking and lung cancer, but even the original U.S. Surgeon General's Report conceded that statistical associations cannot prove a causal relationship.[2] Yet the great part of existing evidence cited in support of a causal link between smoking and lung cancer is, in fact, based on these kinds of statistical studies.

Moreover, eminent scientists have questioned the evidence on smoking and lung cancer because of its many inconsistencies and its failure to answer such basic questions as:

-- Why do the vast majority of "heavy smokers" in any study never develop lung cancer?[3] On the other hand, why do a significant percentage of nonsmokers get lung cancer?[4]

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-- Why don't lung cancer rates in countries such as Japan parallel cigarette consumption? In several countries, tobacco consumption is high but the rate of lung cancer is low or vice versa.[5]

-- Why, after more than 40 years of research, have scientists failed to produce human-type lung cancer (the type that is statistically associated with smoking) in laboratory animals through inhalation of tobacco smoke?[6] They have been successful in producing lung cancer using other agents.[7]

Cancer is a very complex disease. Many factors have been associated with this disease besides smoking, including occupational and environmental exposures, diet, viruses, heredity and stress.[8] Clearly, there are many gaps in knowledge about lung cancer that only further research will resolve.

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CLAIM: Smoking causes heart disease.

RESPONSE: Scientists do not really know what causes heart disease and smoking is only one of many possible "risk factors" that have been associated with it. In fact, as of 1981, nearly 250 factors other than smoking had been identified as statistically associated with cardiovascular disease.[1] These include age, heredity, diet, cholesterol, stress and obesity.

It is important to understand, however, that "risk factor" does not mean "cause."[2] Indeed, intervention trials which have attempted to test the theory that reductions in cigarette smoking (as well as other risk factors) will lead to reductions in the risk of dying from coronary heart disease (CHD) have generally failed to support the claim that smoking is a causal factor. For example, in the United States, the Multiple Risk Factor Intervention Trial (MRFIT) was designed to examine whether reductions in cigarette smoking, high blood pressure and elevated serum cholesterol would reduce the risk of dying from CHD.[3] Although some of the participants in the study were successful in reducing the levels of these risk factors, the study itself failed to demonstrate that reducing these "risk factors" significantly reduces the chances of dying from coronary heart disease.[4]

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CLAIM: Smoking causes emphysema and other chronic lung diseases.

RESPONSE: The origin and development of emphysema and other chronic lung diseases are poorly understood.[1] Researchers have studied the possible role of many suspected factors in addition to smoking, including air pollution, occupational exposures, childhood diseases, adult infections and genetic disorders.[2] But they have yet to find what actually causes these diseases, although it has been shown that they typically occur in older persons.

In their efforts to determine the cause of these diseases, scientists have exposed experimental animals to various substances, including tobacco smoke. Interestingly, such experiments have failed to produce emphysema in animals exposed to tobacco smoke while air pollutant exposure has resulted in this disease.[3]

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CLAIM: Smokers die younger.

RESPONSE: Claims that smoking a cigarette shortens a smoker's life by so many minutes or hours should be viewed with considerable skepticism. Statements like this have been described by serious scientists as "fanciful extrapolations."[1]

Moreover, such claims fail to take into account that smokers reportedly differ from nonsmokers in many ways that may affect how long they live. For example:

-- Smokers are more energetic and restless than nonsmokers;

-- Smokers tend to marry and divorce more often than nonsmokers;

-- Smokers tend to change their jobs and move more often.[2]

Scientists do not really know why smokers' mortality rates differ from nonsmokers', but some have suggested that the prime determinant may be the behavioral and genetic nature of the smoker as opposed to smoking itself.[3]

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CLAIM: Smokers can't quit because they're addicted to nicotine

RESPONSE: "Addiction" is a frequently misused term that has become a catch phrase for many habits. The term has been used in so many different ways and so broadly that it has become almost meaningless. After all, people say they are addicted to all sorts of things -- to foods like sweets, to work, even to video games.

Despite the emotional claims about smoking addiction, objective analyses continue to challenge this view. For example, a staff member of the UK's Office on Population Censuses and Surveys described decisions to quit or continue smoking as reflecting a rational and reasoned choice "that smokers make and periodically renew."[1] Similarly, an analysis by the West German federal government concluded that "No major dependence, in the sense of addiction, has been proven to be caused by the consumption of tobacco products."[2]

Just because some people say it is difficult to stop doing something does not make that behavior an addiction. Many people have quit smoking, most without any formal treatment. Even the most recent U. S. Surgeon General's Report observed that nearly half of all living adults who ever smoked have quit.[3] In view of such comments,

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it is difficult to consider smoking addiction claims as anything other than emotional attacks on tobacco products and the people who enjoy them.

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CLAIM: **Cigarette smoking is an addiction comparable to heroin and cocaine addiction**

RESPONSE: There was a great deal of publicity about this conclusion appearing in the 1988 U.S. Surgeon General's Report.[1] However, this example of anti-smoking excess was quickly challenged by scientific and medical experts both in the United States and Europe.

About two months after the Report appeared, its conclusions were sharply criticized during U.S. Congressional hearings.[2-3] Both a psychiatrist and a psychologist argued that the Report used an overly broad definition of addiction and narrowly focused on selected and flawed pharmacologic studies. In addition, they noted that the Report ignored the clinical perspective, which recognizes fundamental differences between smoking behaviors and drug addictions.

The Report's conclusions were also attacked by other experts in the area. Professor Albert Hirsch of the University of Paris, a well-known antismoker, argued that tobacco cannot be compared to drugs, especially hard drugs like heroin or other narcotics. He cautioned against using "misstatements or distortions of the truth" and urged resisting "the kind of discrimination and witch-

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hunt that can be observed in some of the excesses of the anti-tobacco campaign in the United States."[4]

A British psychologist at the University of Reading provided a more detailed analysis of the Report's claim.[5] He concluded that the Surgeon General "ignored the discrepancies in his enthusiasm to find criteria to compare nicotine use with heroin and cocaine use." In summarizing his position regarding the Surgeon General's attempt to equate smoking with heroin addiction, he stated that "the most important measure for a scientific claim is experimental verification, not political pronouncements, however masterful."[6]

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CLAIM: Exposure to tobacco smoke is harmful to the health of nonsmokers.

RESPONSE: Tobacco smoke in the air may be annoying or bothersome to some people, but it is not a demonstrated health hazard for nonsmokers.

Measurements taken under normal, everyday conditions indicate that the contribution of ETS to the air we breathe is minimal.[1-2] For example, typical nicotine measurements (which are particularly revealing because nicotine is unique to tobacco smoke) range from an exposure equivalent of 1/100th to 1/1000th of one filter cigarette per hour.[3] Thus, a nonsmoker would have to spend from 100 to 1000 hours in an office, restaurant or public place in order to be exposed to the nicotine equivalent of just one cigarette.

Moreover, more than 20 published studies have examined the possible association between ETS exposure and lung cancer in nonsmokers. While several of those studies report statistically significant associations, the great majority of those studies do not provide even statistical support for an association between ETS and lung cancer in nonsmokers.[4]

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In addition, most of the studies on ETS and lung cancer in nonsmokers are not completely reliable because they failed to consider other potential factors in disease causation, such as diet, occupational and home exposures to pollutants and heredity. Recent studies have reported that these risk factors are associated with lung cancer in nonsmokers.[5-10]

Although some people have suggested that exposure to ETS may increase the risk of cardiovascular disease in nonsmokers, scientists continue to question what role, if any, ETS constituents have in the possible development of heart disease.[11-12] Even the 1986 U.S. Surgeon General's Report, which focused exclusively on ETS, conceded that further studies were needed "in order to determine whether involuntary smoking increases the risk of cardiovascular disease."[13]

Similarly, studies which have assessed the influence of ETS exposures on asthmatics are not conclusive. While the data from two studies have been interpreted as suggesting a genuine response to ETS,[14] the data from four other studies reportedly showed no significant, objective changes in asthmatics even after prolonged, heavy exposure to ETS.[15] Even in the few studies suggesting a possible

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link, researchers were unable to rule out the influence of emotional and psychological stress on the patients.

Thus, the claim that exposure to ETS is a proven cause of any disease in nonsmokers is scientifically unjustified and unwarranted.

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CLAIM: Parents harm their children by smoking at home.

RESPONSE: One of the most emotional claims associated with ETS is that parents harm their children by smoking at home. Unfortunately, in this area, as in so many others regarding ETS, studies have produced inconsistent and often conflicting results. Parents should be aware that although some studies suggest a link between ETS and respiratory problems in children, many studies have identified other factors associated with these problems independent of whether or not the parents smoke. These factors include dampness in the home[1-3], contagious respiratory infections at home and in day care facilities[4-8], proximity of the home in relation to industry and outdoor pollution[9-10], heredity[11] and even cooking with gas in the home.[12]

This is an area where common sense should prevail. Common sense suggests that parents may wish to avoid many behaviors around their children. This is a personal decision that parents alone should make as to what is best for their children.

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

CLAIM: People are allergic to tobacco smoke in the air.

RESPONSE: This is one of the most common complaints about ETS exposure. Scientific researchers, however, have not identified specific allergens in tobacco smoke.[1] Thus, while some individuals may react to seeing or smelling ETS that does not mean they are experiencing an "allergic" reaction to tobacco smoke.

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

CLAIM: Environmental tobacco smoke (ETS) is a major source of indoor air pollution.

RESPONSE: ETS has become an easy target for those who want a quick, simple solution to the problem of indoor air quality, probably because it can be seen.

Government and private studies of "sick buildings" in the United States and Canada report, however, that ETS was a factor in only two to five percent of the buildings investigated for complaints about air quality.[1] This suggests that even a total smoking ban is not likely to affect comfort problems in 95 to 98 percent of "sick buildings."[2]

Moreover, the majority of indoor air quality problems have been traced to inadequate fresh air and poor air filtration. Because the presence of ETS is an indicator of inadequate ventilation, the elimination of smoke merely serves to mask the real reason for poor indoor air quality, lack of proper ventilation. In addition, concentrating on environmental tobacco smoke ignores the fact that adequate ventilation should always be provided in any enclosed space, regardless of whether or not smoking is permitted.

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

CLAIM: Nonsmokers have the right to smoke-free air.

RESPONSE: Some nonsmokers want to avoid all exposure to ETS. On the other hand, smokers want to engage in a legal activity which they enjoy. This creates a situation of competing desires. However, neither of these "desires" translates into legal rights.

Courts in the United States have generally rejected legal claims for a smoke-free environment based on constitutional grounds.[1-2] Instead, they have determined that there is a common law duty for an employer or proprietor to accommodate both the smoker and the nonsmoker. In other words, people must balance the wishes of all involved.

Moreover, since the claim that exposure to ETS causes disease in nonsmokers is not scientifically justified,[3-9] the real issue regarding the "right" to smoke-free air is whether or not smoking should be prohibited because some people consider it to be an annoyance or nuisance. Regulating a behavior such as smoking merely because some see it as an annoyance has undesirable consequences. Numerous individual actions could fall within the category of an "annoyance" to some, and to demand restrictions on all those potentially "annoying"

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behaviors "is to call for government regulation of everything."[10] Such regulation also rejects the real possibility that people can work things out among themselves and may place a minority of individuals in a position to dictate what is "right" for everyone.

The alternative to intrusive regulation is good manners, common courtesy and cooperation between smokers and nonsmokers. This alternative preserves the delicate balance of individual rights and allows for accommodation of everyone's desires.

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

CLAIM: Smoking causes social costs.

RESPONSE: A "social cost" results when an individual's actions or behavior imposes a cost on society as a whole. The "social costs" allegedly attributable to tobacco use are said to include, among other things, lost production because smokers produce less than nonsmokers and health care expenses because smokers have higher medical bills than nonsmokers.

However, some researchers who have analyzed such claims contend that blaming smoking is an oversimplified attempt to resolve an extremely complex situation. They point out that the body of literature used to support such claims is inconclusive, contains inaccuracies, and relies on incorrect assumptions.[1] For example, these studies fail to take into account other considerations, such as income, educational levels, and geographic data, all of which may affect the validity of the conclusions.

These problems are illustrated by analyzing the claim that smokers are less productive at the workplace than nonsmokers. A U.S. study which examined productivity in the workplace reported that smoking was seldom mentioned as a factor when productive and unproductive employees were compared. Among the personal traits listed for

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productive workers were dependable and consistent, self-motivated, and fast learners. Smoking or not smoking was not among the traits listed.[2] In fact, researchers at one university reluctantly reported that among the professional workers they studied, the smoking workers tended to be more productive than the nonsmoking workers.[3]

Such inconsistencies also appear in analyzing the claim that smokers miss more work than nonsmokers. This claim overlooks a number of outside factors in assessing the rates and causes of absenteeism ranging from job satisfaction to commuting problems. Indeed, a recent study utilizing U.S. health statistics concluded that certain variables analyzed in the study -- sex, age, race, marital status, education and alcohol and tobacco products usage -- had no significant effect on absenteeism.[4]

Attempts to regulate a person's decision whether to smoke based on another person's concept of that habit's cost to society is simply a method of using public policy to enforce one's personal preference on others. Such a philosophy will not create a better society but will diminish each citizen's right of free choice.

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

CLAIM: Cigarette advertising should be banned because it encourages people, particularly the young, to smoke.

RESPONSE: There are many reasons why people begin smoking, particularly the example of friends and family, but advertising appears to have little, if any, influence on those decisions.[1]

This claim also indicates that antismokers don't understand how Philip Morris utilizes advertising. Philip Morris uses advertising in order to compete for a share of the existing market by encouraging people who already smoke a Philip Morris brand to stay with that brand or to switch to a Philip Morris brand from a competitor's brand.

Competitive cigarette advertising, in general, is designed to inform the consumer about product availability and product modifications and innovations. Such advertising has no demonstrated effect on the total market.[2] Neither do cigarette advertising restrictions or bans.[3] Such measures serve only to limit the amount of information available to smokers in making choices about which brand to smoke.

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

CLAIM: A ban on advertising would reduce cigarette consumption.

RESPONSE: This claim finds no convincing support in the actual experience of those countries which have restricted or banned cigarette advertising. For example, a recent major cross-country survey by researchers for the World Health Organization reportedly found no systematic differences between the smoking habits of young people in countries where tobacco advertising is completely banned and in countries where it is not.[1]

Another international survey demonstrates that the prevalence of smoking among young people bears no relation to the extent of advertising restrictions in the particular country.[2] In several countries where tobacco advertising was banned or restricted, the prevalence of young people who smoked actually increased followed the imposition of the ban.[3]

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

1. Aarò, L. et al., "Health Behavior in Schoolchildren. A WHO Cross-National Survey: A Presentation of Philosophy, Methods and Selected Results of the First Survey," Health Promotion 1(1): 17-33, 1986.

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

CLAIM: Cigarette advertising is aimed at young people.

RESPONSE: Philip Morris makes certain that its advertising is not aimed at young people. Philip Morris ads do not use young models or well-known people and certainly do not show smoking as something that young people should do. In fact, in many cases, the ads are very plain. Moreover, many countries in which Philip Morris advertises have codes which stipulate that cigarette advertising must not be aimed at young people. Philip Morris fully complies with those laws.

Philip Morris believes that smoking is an adult custom and that the decision whether or not to smoke should be made by informed adults.

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CLAIM: Tobacco companies use sponsorship to circumvent advertising restrictions.

RESPONSE: Certainly not. Philip Morris is extremely careful to insure that all its sponsorship activities meet existing laws and regulations.

Philip Morris sponsors cultural and sports activities because, as a good corporate citizen, we are concerned about our community. Philip Morris has gained considerable good will from its sponsorship activities, but, more importantly, its involvement has benefited the participants and the public.

Philip Morris believes that those who would censor tobacco sponsorship of such activities are making a serious mistake because, without such support, many sports would not be as popular as they are today and, in some cases, they might not even exist any longer. Also, many cultural events might not have taken place because of insufficient funding if it were not for Philip Morris' support.

Over the years, Philip Morris has established a commendable record both for the extent of its sponsorship and for its compliance with all rules governing sponsorship participation.

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CLAIM: The "tar," nicotine, and carbon monoxide in tobacco smoke are dangerous.

RESPONSE: Tobacco smoke constituents may be among the most heavily researched substances in the world. Despite this, no constituent, as it is found in tobacco smoke, has been scientifically proven to cause human disease.[1]

"Tar": Actually, there is no such thing as "tar" in tobacco smoke. "Tar" is a laboratory product obtained by collecting the particulate matter in tobacco smoke, either by passing cigarette smoke through a cold trap at extremely low temperatures or by using filters in a drawing process. Obviously, material collected in this way hardly duplicates what people are exposed to when they smoke.[2]

Concern about tar is primarily due to early experiments in which this artificial substance was painted on the shaved backs or ears of experimental animals. These so-called skin-painting experiments prompted a great deal of interest, as the tumors which appeared after the painting have been said to be evidence that tumors might develop in the lungs of smokers. However, the scientific value of these experiments has been seriously questioned for many reasons, including the fact that the skin and

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ears of laboratory animals are not similar to human lung tissue and because extremely high concentrations of "tar" -- equivalent to smoking over 100,000 cigarettes a day -- were used.[3] The more relevant experiments with animals exposed to tobacco smoke through inhalation have not produced human type lung cancer.[4]

Nicotine: Nicotine and its byproducts are rapidly eliminated from the body.[5] Consequently, it is not surprising that nicotine has been described as having no known chronic or cumulative effects.[6]

Despite this, claims are still made that nicotine causes heart disease. However, no one has demonstrated a biological mechanism by which nicotine, or any other substance in tobacco smoke, is involved in heart disease.[7] Moreover, animal and human studies have failed to scientifically establish that nicotine causes cardiovascular disease.[8]

Carbon Monoxide: CO is a tasteless, odorless, colorless gas produced in cigarette smoke as well as by many natural and manmade sources, including automobile exhaust and industrial emissions.[9] Consequently, CO has received a lot of attention in the scientific literature, particularly in regard to heart disease. However, the

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levels of CO in tobacco smoke is reported to be relatively insignificant when compared with amounts generated by other sources and specialists in the area who have reviewed the large amount of literature available have concluded that the relationship between CO from cigarette smoke and human heart disease, if any, remains undetermined.[10]

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

CLAIM: Cigarettes with low "tar" and nicotine are safer.

RESPONSE: Numerous governments, antismokers and antismoking groups, and health associations may have led smokers to believe that smoking low "tar" cigarettes is preferable to smoking higher "tar" cigarettes. Indeed, several of these organizations have at times publicly encouraged smokers to switch to the so-called low-yield cigarettes. They claim that such proposals are based on scientific studies but these studies have reported widely different conclusions.[1] It should be remembered that no type of cigarette, no matter what levels of "tar" and nicotine, has been scientifically established as dangerous.[2]

Of course, many varieties of low "tar" cigarettes are now on the market. This is in response to increased consumer demand for this type of cigarette which probably developed from media attention given to these products and from the public's growing preference for "lighter" products including low calorie foods and beverages.

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

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Source: https://www.industrydocuments.ucsf.edu/docs/gpdk0000

CLAIM: The tobacco industry does little to resolve health questions about smoking except to deny that smoking is harmful.

RESPONSE: Philip Morris is committed to resolving the smoking and health controversy. It believes this will only be accomplished by solid scientific research. So far, Philip Morris and the tobacco industry have provided nearly $140 million worldwide for independent research on smoking and health questions.

In fact, in many years the industry's funding of smoking and health research in the United States has surpassed funding by any government department as well as the combined grants of the major voluntary health organizations. The industry is proud to supply grants for worthy research and this is done on a "no-strings" basis. Grantees have complete freedom to publish, whatever the results.

Valuable data concerning lung cancer, heart disease, chronic obstructive respiratory diseases and other diseases have already been gathered through such research. But more remains to be learned, and the industry's commitment will continue.

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